

MULTIPLE DEPENDENT CLAIM:
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILED DATE

10689655 10-22-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		0				
6		0				
7		0				
8		0				
9	1					
10		1				
11		1				
12		3				
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50						
TOTAL IND.	2					
TOTAL DEP.	18					
TOTAL CLAIMS	20					
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